

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

783

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**Postmark Date: 1-17-07

LSURP

Wmi

1070077

**SCANNED**

JUL 26 2007

By: En1. NAME Thibodeaux Michael R. MI  
Last First MI2. BUSINESS PHONE 337-942-72953. BUSINESS ADDRESS 530 Perry Lane Opelousas LA 70570  
Street and No. City State ZipMAILING ADDRESS 530 Perry Lane Opelousas LA 70570  
Street and No. City State Zip4. EMPLOYER Michael R. Thibodeaux & Associates, L.L.C.5. EMPLOYER'S ADDRESS 530 Perry Lane Opelousas LA 70570  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Speech Pathologists and Audiologists in Louisiana (SPALS)Address P.O. Box 12177 Lake Charles, LA 70612Business or purpose Speech Pathologists & Audiologists☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of January 16, 2007

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JUN 22 2007

# SUPPLEMENTAL REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

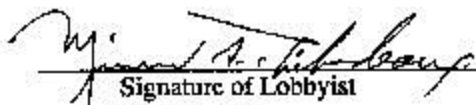
☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist  
01-17-07